

California Conservation Corps Scholarship Application

To be completed by Corpsmember (PLEASE PRINT CLEARLY):

LAST NAME: _____ FIRST NAME: _____ SSN: _____

Address scholarship correspondence is to be mailed:

Street: _____ Apt.# _____ City: _____ State: _____ ZIP Code: _____

Area Code/Telephone Number () _____ Message () _____ E-mail: _____

I understand that if I am eligible for a CCC Scholarship, I must enroll in educational or training courses or the equivalent through an accredited or qualifying college or program. I authorize the CCC to mail all scholarship correspondence to the above address. I understand that verification of my completion of CCC scholarship requirements must be done prior to the scholarship award.

Signature: _____ Date: _____

To be completed by a member of the Corpsmember Development Staff (PLEASE PRINT CLEARLY):

I certify that the above named corpsmember has met the following requirements and is eligible for the CCC Scholarship. For Competency Exemption, see page 2 of the Scholarship Application.

Check all that apply:

_____ I. Earned three positive evaluations;

_____ II. Successfully completed the core competencies of Conservation Awareness Program Competency (CAP), Community and the Environment Competency (CEC) and the Career Development Competency (CDT);

_____ III. Completed at least one year (52 weeks) and a minimum of 1,700 hours in the CCC; and

_____ IV. Completed 2 years (104 weeks) and a minimum of 3,400 hours in the CCC (OPTIONAL)

Note: All core competencies are verified by the HQ Scholarship Coordinator through CADCARS. Please ensure all competencies have been entered into CADCARS prior to sending this application to the HQ Scholarship Coordinator.

Name of person completing form (Please print): _____

Title: _____ Signature: _____

.....
Center Director Name (Please print): _____

Center Director Signature: _____

☐ APPROVED

☐ DENIED

CM ENTRY DATE:

CM SEPARATION DATE (If applicable):

YEAR ONE GRADUATION DATE:

YEAR TWO GRADUATION DATE:

TODAY'S DATE:

**Mail this form to:
California Conservation Corps
1719 24th Street
Sacramento, CA 95816
Attn: Scholarship Program Coordinator**

Core Competency Exemption Authorization

CORPSMEMBER LAST NAME: _____ FIRST NAME: _____ SSN: _____

To be completed by a member of the Corpsmember Development Staff (PLEASE PRINT CLEARLY):

I certify that the above named corpsmember was unable to complete the following competency/competencies due to extenuating circumstances beyond the corpsmember's control, as follows below.

Check all that apply:

- _____ I. Conservation Awareness Program Competency
- _____ II. Community and the Environment Competency (48 hours of community service).
- _____ III. Career Development Competency

Name of CMD staff person and Title (please print): _____

Signature: _____ Date: _____

Recommendation of Center Director or Designee

Name of Center Director or Designee and Title (please print): _____

☐ APPROVAL

Signature: _____ Date: _____

☐ DENIAL

Approval of Program Development & Support Division Chief

Name: _____ Date: _____

☐ APPROVED

Signature: _____

☐ DENIED